

South Carolina Department of Disabilities & Special Needs

Qualified Provider & Contract Compliance Review for Case Management

Key Indicator Review Tool for FY2021

Case Management – Qualified Provider Review		
CMP-01	The Provider keeps service recipients' records secure and information confidential.	Source: DDSN Directive 167-06-DD.
CMP-02	Case Management providers must have a system that allows access to assistance 24 hours daily, 7 days a week.	Source: SCDDSN Case Management Standards.
CMP-03	Provider Board of Directors receive annual training regarding DDSN Contract expectations and the provider's capacity to meet expectations.	<p>Training is provided to members of the BOD within 90 days of appointment to the Board and their participation is documented.</p> <ol style="list-style-type: none"> 1) Determine that annual training is provided by a qualified outside entity. 2) Determine that participation at the training is properly documented. 3) Review the content of the training to determine it is appropriate. <p>Source: Administrative Agency Standards</p>
CMP-04	Board / Provider implements a risk management and quality assurance program consistent with 100-26-DD and 100-28-DD.	<p>Board / Provider demonstrates implementation of risk management/quality assurance principles and signed, dated minutes from the Risk Management Committee quarterly reviews through the following measures:</p> <ul style="list-style-type: none"> • designated risk manager and a risk management committee • written policies/procedures used to collect, analyze and act on risk data • documentation of remediation taken; • correlating risk management activities with quality assurance activities; • developing contingency plan/disaster plan to continue services in the event of an emergency or the inability of a service provider to deliver services. Plan must be reviewed annually. <p>Source: DDSN Directives 100-26-DD and 100-28DD.</p>
CMP-05	The Case Management Provider will have a Human Rights Committee or documented accessibility to a Human Rights Committee if consultation is needed regarding services and supports to a person supported and/or his/her family. The membership of the HRC and frequency of the meetings must meet the requirements in 535-02-DD.	Source: South Carolina Code Ann. 44-26-70 and DDSN Directive 535-02-DD.
CMP-06	The Provider demonstrates agency-wide usage of Therap for the maintenance of Intake and Case Management records according to the implementation schedule approved by DDSN.	Source: DDSN Therap Requirements. Review Therap documentation.
CMP-07	Vendors conducting business with the provider agency have been appropriately screened against the OIG Exclusions list.	Vendors conducting business with the agency must not appear on the OIG Exclusion List. Provider will maintain documentation of review of OIG Exclusion list. Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model
CMP-08	The Provider employs Intake Staff who meet the minimum education requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-09	The Provider employs Intake Staff who meet the criminal background check requirements for the position, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-10	The Provider employs Intake Staff who continue to meet the criminal background check requirements for the position, upon required recheck.	Source: DDSN Directive 406-04-DD. Re-check every 3 years.
CMP-11	The Provider employs Intake Staff who meet the CMS "List of Excluded Individuals/Entities" check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-12	The Provider employs Intake Staff who meet the DSS Central Registry check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-13	The Provider employs Intake Staff who meet the Sex Offender Registry check requirements for the position.	Source: Intake Standards. Applies to new employees working less than 12 months.
CMP-14	The Provider employs Intake Staff who meet the TB Testing requirements for the position, prior to direct service contact.	Source: DDSN Intake Standards, DDSN Directive 603-06-DD. Applies to new employees working less than 12 months.
CMP-15	The Provider employs Intake Staff who meet the annual TB Testing requirements for the position.	Annual TB Testing must be completed by the last day of the month in which it was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.
CMP-16	Intake staff must pass mandatory, competency-based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.

CMP-17	The Provider employs Intake Staff who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CMP-18	The Provider employs Intake Staff who must complete new employee competency-based training requirements.	Applies to new employees working less than 12 months. Review training documentation in Therap.
CMP-19	The Provider employs Intake Staff, when employed for more than 12 months, must receive an additional 10 hours of continuing education.	Applies to employees working more than 12 months.
CMP-20	Annually, the Provider employs Intake Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model Training must be completed by the last day of the month in which the training was due.
CMP-21	The Provider employs Case Management Staff who meet the minimum education requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Refer to SCDDSN Case Management Standards for educational, vocational and credentialing requirements. Applies to new employees working less than 12 months.
CMP-22	The Provider employs Case Management Staff who meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to employment.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-23	The Provider employs Case Management Staff who continue to meet the criminal background check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, upon required recheck.	Source: DDSN Directive 406-04-DD. Recheck every 3 years.
CMP-24	The Provider employs Case Management Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-25	The Provider employs Case Management Staff who meet the DSS Central Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-26	The Provider employs Case Management Staff who meet the Sex Offender Registry check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-27	The Provider employs Case Management Staff who meet the TB Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management, prior to direct service contact.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-28	The Provider employs Case Management Staff who meet the annual TB Testing requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Annual TB Testing must be completed by the last day of the month in which it was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: DDSN Directive 603-06-DD.
CMP-29	The Provider employs Case Management Staff with acceptable reference check requirements to provide Medicaid Targeted Case Management and DDSN State Funded Case Management.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-30	Case Management Staff must pass mandatory, competency-based ANE training, as required, during pre-service orientation.	Source: DDSN Case Management Standards and DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CMP-31	The Provider employs Case Management Staff who, when employed after 1 year, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s).	Source: DDSN Case Management Standards and DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CMP-32	Annually, the Provider employs Case Management Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model. Training must be completed by the last day of the month in which the training was due.
CMP-33 (R)	The Provider employs Waiver Case Management Staff who meet the education requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational and credentialing requirements. Applies to new employees working less than 12 months.
CMP-34 (R)	The Provider employs Waiver Case Management Staff who meet the criminal background check requirements for the position, prior to employment.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational and credentialing requirements. Applies to new employees working less than 12 months.
CMP-35 (R)	The Board /Provider employs Waiver Case Management Staff who continue meet the criminal background check requirements, upon required recheck.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational and credentialing requirements. Recheck required every 3 years. Applies to new employees working more than 12 months.
CMP-36 (R)	The Provider employs Waiver Case Management Staff who meet the CMS "List of Excluded Individuals/ Entities" check requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational and credentialing requirements. Applies to new employees working less than 12 months.

CMP-37 (R)	The Provider employs Waiver Case Management Staff who meet the DSS Registry check requirements for the position.	Refer to DDSN Directive 406-04-DD and WCM Standards for educational, vocational and credentialing requirements. Applies to new employees working less than 12 months.
CMP-38 (R)	The Provider employs Waiver Case Management Staff who meet the Sex Offender Registry check requirements for the position.	Refer to WCM Standards for educational, vocational and credentialing requirements. Applies to new employees working less than 12 months.
CMP-39 (R)	The Provider employs Waiver Case Management Staff who meet the TB Testing requirements for the position, prior to direct service contact.	Source: WCM Standards and DDSN Directive 603-06-DD Applies to new employees working less than 12 months.
CMP-40 (R)	The Provider employs Waiver Case Management Staff who meet the annual TB Testing requirements.	Annual TB Testing must be completed by the last day of the month in which it was due. If the provider is using the Provider Wide Exception/Risk Assessment identified in the Directive 603-06-DD, documentation of the review, assessment of risk classification, and review schedule must be available. Source: WCM Standards and DDSN Directive 603-06-DD.
CMP-41	The Provider employs Waiver Case Management Staff with acceptable reference check requirements for the position.	Source: DDSN Directive 406-04-DD. Applies to new employees working less than 12 months.
CMP-42 (R)	Waiver Case Managers must pass mandatory, competency-based ANE training, as required, during pre-service orientation.	Source: DDSN Directive 534-02-DD. Applies to new employees working less than 12 months.
CMP-43 (R)	The Provider employs Waiver Case Management Staff who, when employed after 12 months, must pass mandatory, competency-based ANE training within 12 month of their prior training date(s).	Source: DDSN Directive 534-02-DD. Applies to employees working more than 12 months. Training must be completed by the last day of the month in which the training was due.
CMP-44 (R)	WCM Staff have successfully completed SCDHHS WCM training prior to delivery of WCM services.	Any Case Manager delivering services to Waiver participants on or before June 30, 2019, must complete the SCDHHS Waiver Case Management curriculum no later than December 31, 2019. 1Any Waiver Case Manager hired after July 1, 2019 must complete the SCDHHS Waiver Case Management curriculum before delivering Waiver Case Management services. *Beginning January 1, 2020 and thereafter, no Case Manager may deliver Waiver Case Management services until the SCDHHS Waiver Case Management curriculum is completed. WCM Standards
CMP-45 (R)	The Provider employs Waiver Case Management Staff who must complete new employee competency- based training requirements.	Applies to new employees working less than 12 months.
CMP-46 (R)	The Provider employs Waiver Case Management Staff who, when employed for more than 12 months, must be receive training in the following areas: Confidentiality of Personal Information (DDSN Directive 167-06-DD); Person-Centered planning; Level of Care; Assessments and Plans of Support; Programmatic changes (as required); and one topic of the provider's choosing.	Training must include the following topic areas: <ul style="list-style-type: none"> Confidentiality of Personal Information (DDSN Directive 167-06-DD); Person-centered planning; Level of Care; Assessments and Plans of Support; Programmatic changes (as required); One topic of the provider's choosing. Applies to new employees working more than 12 months. Training must be completed by the last day of the month in which the training was due. Source: DDSN Directive 567-01-DD /WCM Standards
CMP-47	Annually, the Provider employs Waiver Case Management Staff who are made aware of the False Claims Recovery Act, that the Federal government can impose a penalty for false claims, that abuse of the Medicaid Program can be reported and that reporters are covered by Whistleblowers' laws.	Source: Contract for ... Capitated Model and Source: Contract for ... Non-Capitated Model Training must be completed by the last day of the month in which the training was due.

Case Management Contract Compliance Review		
IN Intake/ Operational Issues		
IN-01	Contact with the Intake service user is made within five (5) business days of the receipt of an authorization for Intake or reflects more than one (1) attempt to contact within five (5) business days.	Review documentation in Therap. Source: Intake Standards
IN-02	Documentation includes sufficient information to prove that a thorough explanation of the following was provided to the service user or his/her representative: <ul style="list-style-type: none"> The process for Intake including next steps, DDSN as an agency and how services through DDSN are provided; Services potentially available through DDSN, including the criteria to be met in order for services to be authorized. 	Review documentation in Therap. Source: Intake Standards
IN-03	Intake activities are documented within five (5) business days of the occurrence of the activity.	Review documentation in Therap. Source: Intake Standards
IN-04	Contact with or on behalf of the service user occurred, at a minimum, every ten (10) business days.	Review documentation in Therap. Source: Intake Standards
IN-05	If terminated, Intake was only terminated when, during a thirty (30) calendar day period, at least three (3) consecutive attempts to contact the service user/ representative were unsuccessful, or by request from the individual who is going through the Intake Process.	Review documentation in Therap. Source: Intake Standards
CM Case Management		
CM-01	The person's file contains approval for Case Management.	Review documentation in CDSS. SCDDSN Non-Waiver Case Management

		Standards. Applies only to non-waiver consumers.
CM-02	The person's file contains documentation that establishes the person in a target group, if receiving MTCM.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers
CM-03	An assessment of the person's needs is completed.	Review documentation in Therap. Source: SCDDSN Case Management Standards Applies ONLY for Non-Waiver consumers
CM-04	A face-to-face contact with the person in his/her residence is made at the time of initial/ annual assessment.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers
CM-05	A plan addressing the person's assessed needs is completed.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies ONLY for Non-Waiver consumers
CM-06	The plan contains all required components.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies ONLY for Non-Waiver consumers
CM-07	The plan is signed, titled and dated by the Case Manager.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers
CM-08	The plan is signed by the person or his/her representative.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers
CM-09	The person must be provided a copy of the plan.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies ONLY to Non-Waiver consumers
CM-10	Annually, people are provided information about abuse, neglect and exploitation and information about critical incidents.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies ONLY for Non-Waiver consumers
CM-11	Contact (face-to-face, email or telephone) is made with the person, his/her family or representative or a provider who provides a service to the person at least every 60 days.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers
CM-12	The Case Management Assessment and Plan must be reviewed at least 180 days from the Date of the Plan.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Score ONLY for Non-Waiver consumers
CM-13	The 180 Day Plan Review must be completed in consultation with the person/his/her representative. Consultation must include a face-to-face visit in the person's natural environment.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers.
CM-14	Case notes are appropriately documented and include all Case Management activity on behalf of the person and justify the need for Case Management.	Review documentation in Therap. Source: SCDDSN Case Management Standards. Applies only to Non-Waiver consumers
WCM Waiver Case Management Activities		
WCM-01R	For newly enrolled waiver participants, the first non-face-to-face contact is completed within one month of waiver enrollment.	Review documentation in Therap. Source: WCM Standards
WCM-02R	For newly enrolled waiver participants, the first quarterly face-to-face visit is completed within three months of waiver enrollment.	Review documentation in Therap. Source: WCM Standards
WCM-03R	Each month, except during the months when required quarterly face-to face visits are completed, a non-face-to-face contact is made with the participant or his/her representative and documented appropriately.	Review documentation in Therap. Source: WCM Standards
WCM-04R	At least one face-to-face contact must take place in the person's residence every six months.	Review documentation in Therap. Source: WCM Standards
WCM-05R	Quarterly face-to-face visits are appropriately documented.	Review documentation in Therap. Source: WCM Standards
WCM-06R	Participants receive two (2) waiver services every month, with the exception of the initial enrollment period (up to 60 days).	Review documentation in Therap. Source: WCM Standards
WCM-07R	Case notes intended to document Waiver Case Management activities are sufficient in content to support Medicaid billing and entered within 7 calendar days.	Review documentation in Therap. Source: WCM Standards
WA Waiver Activities		
WA-01 R	The Plan is developed as required.	Review documentation in Therap. Source: Guidelines for the DDSN Planning Process, WCM Standards
WA-02 R	The plan includes Waiver service(s) name, frequency of the service(s), amount of service(s), duration of service(s), and valid provider type for service(s). <i>This indicator will not be calculated in the provider score. Data will be collected for Waiver Evidentiary Reporting only.</i>	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. Source: Waiver Manual Review documentation in Therap.
WA-03W	Service needs outside the scope of Waiver services are identified in Plans and addressed.	Review documentation in Therap. Source: Waiver Manual, HCBS Regulatory requirement.
WA-04	Needs in the Plan are justified by formal or informal assessment information in the record.	Review documentation in Therap. Source: Guidelines for the DDSN Planning Process, Waiver Manual pertaining to needs assessment.

WA-05	Assessment(s) justify the need for all Waiver services included on the plan.	Review documentation in Therap. Source: Waiver Manual
WA-06	Services/ Interventions are appropriate to meet assessed needs.	Source: Waiver Manual
WA-07 R	The Plan identifies appropriate funding sources for services/interventions. <i><u>This indicator will not be calculated in the provider score. Data will be collected for Waiver Evidentiary Reporting only.</u></i>	Due to the SCDDSN Waiver Administration Division entering plan information, after 10/30/17, SCDDSN will be held responsible for recoupment and citation of this indicator. Review documentation in Therap. Source: Guidelines for the DDSN Planning Process for defined resources, Waiver Manual
WA-08	The Plan is provided to the participant/ representative.	Review Case Note documentation. Source: WCM Standards, HCBS Regulatory requirement.
WA-09 R	The Plan is amended/updated as needed, or as requested by the person.	Review documentation in Therap. Source: Guidelines for the DDSN Planning Process and WCM Standards, HCBS Regulatory requirement.
WA-10	The Support Plan is signed by the person or his/her representative.	Review Case Note documentation. Source: Waiver Case Management Standards, HCBS Regulatory requirement.
WA-11	The person/legal guardian (if applicable) will receive information on abuse and neglect annually.	Review Case Notes for documentation. Source: WCM Standards
WA-12	For ID/RD and CS Waiver: At the time of annual planning, all children enrolled in the ID/RD and CS Waiver receiving CPCA services must have a newly completed physician's order (Physician's Information Form – MSP Form 1), and assessment (SCDDSN Personal Care/Attendant Care Assessment). Physician's order and assessment are required annually.	Review documentation in Therap on Plan or Assessment. See MSP forms/attachments in the CPA section of the ID/RD and CS Waiver Manuals.
WA-13	Documentation is present verifying choice of provider was offered to the participant/family for each new Waiver service.	Review documentation in Therap. Source: Waiver Manual
WA-14	The Freedom of Choice Form is present.	Source: Waiver Manual
WA-15	The Initial Level of Care is present.	Review documentation in Therap. Review the initial LOC determination to verify it was completed within 30 days prior to or on the date of Waiver enrollment.
WA-16 R	The most current Level of Care Determination is completed appropriately and dated within 365 days of the last Level of Care determination and is completed by the appropriate entity.	Review documentation in Therap. Source: Waiver Manual
WA-17 R	The current Level of Care is completed appropriately and supported by the assessments and documents indicated on the Level of Care determination.	Review documentation in Therap. Source: Waiver Manual
WA-18	For HASCI: The Acknowledgement of Choice and Appeal Rights Form completed prior to Waiver enrollment and annually.	If participant was a competent adult at time of Waiver initial enrollment or re-enrollment, but physically unable to sign, both the form and a Service Note should indicate why participant's signature was not obtained. Source: Waiver Manual
WA-19	Acknowledgement of Rights and Responsibilities is completed annually.	Source: Waiver Manual
WA-20	Waiver services are provided in accordance with the service definitions found in the Waiver document.	Source: Waiver Manual
WA-21	For ID/RD and HASCI Waiver: If Nursing Services are provided, an order from the physician is present and is consistent with the authorization form.	Source: Waiver Manual
WA-22 R	Authorization forms are properly completed for services as required, prior to service provision.	Review documentation in Therap for authorizations completed in Therap. Request copies of others. Source: Waiver Manual
WA-23 R	Authorized waiver services are suspended when the waiver participant is hospitalized, or temporarily placed in an NF or ICF/IID.	Review documentation in Therap. NOTE: Not intended for Institutional Respite cases. Source: Waiver Manual
WA-24 R	Waiver termination is properly completed.	Source: Waiver Manual
WA-25 R	The Participant/Legal Guardian (if applicable) was notified in writing regarding any denial, termination, reduction, or suspension of Waiver services with accompanying reconsideration/appeals information.	Review Case Notes documentation in Therap. Not required in the case of death. Source: Waiver Manual
WA-26	Information including the benefits and risks of participant/representative directed care is provided to the participant/representative prior to the authorization of Adult Attendant Care (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS).	Source: Waiver Manual
WA-27	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS), the absence of cognitive deficits in the participant that would preclude the use of participant/representative directed care is assessed and documented.	Source: Waiver Manual
WA-28	Before authorization of Adult Attendant Care Services (ID/RD), Attendant Care (HASCI), or In-Home Supports (CS), the participant/representative is provided information about hiring management and termination of workers as well as the role of the Financial Management System.	Source: Waiver Manual
WA-29	The non-availability of a Waiver service provider is documented and actively addressed.	Review documentation in Therap. Source: Waiver Manual
WA-30	For HASCI Waiver – Copies of Daily Logs for Self-Directed Attendant Care are received, and the service is monitored.	Source: HASCI Waiver Manual

WA-31	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to receive the Freedom of Choice or the Waiver Declination form or to follow the Waiver Non-Signature Declination process.	Review documentation in Therap. Source: Waiver Manual
WA-32	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was followed to request the Level of Care or to follow the Waiver Non-Signature Declination process.	Review documentation in Therap. Source: Waiver Manual
WA-33	For individuals awarded a waiver slot within the review period, the waiver enrollment timeline was completed to get the individual enrolled in the waiver.	Review documentation in Therap. Source: Waiver Manual